per cent. of bromine. The dose is double that of potassium bromide. Because of its ready solubility it can be administered in water or in the preparations of peppermint, valerian, etc. Thus far it appears to be a safe and efficient substitute for the metallic bromides.—*Les Nouveaux Remèdes*, 1895, No. 2, p. 32.

THE TREATMENT OF MERCURIAL TREMOR BY HYOSCYAMINE.

DR. H. BRUGER (*Thèse de Paris*) has reported the results of his observations of the use of this remedy. The method recommended by Oulmont consisted in prescribing each day two pills of the drug each containing one-sixty-fourth of a grain, and in doubling this quantity every two days until the maximum of ten to twelve times the original dose was taken. These large doses produced pharyngeal irritation, mydriasis, mild delirium, and diarrhœa; serious inconveniences which prevented its universal adoption. Cuffer, on the other hand, never exceeded one-sixteenth in the milder and one-sixth of a grain in the severer forms, and exhibited the drug between meals. This time of administration was selected to avoid digestive and salivary disturbances. It was found to be advantageous to prescribe a milk-diet and to employ sulphur baths to aid in the elimination of the mercury. There were no toxic symptoms, and diminution of the tremor followed in twenty-five to thirty days, after which the use of the limbs was recovered, and complete cure resulted in six to eight weeks. This drug is active and dangerous, but moderately cumulative, but in small doses extended over a considerable period of time one avoids these inconveniences.—*Journal des Praticiens*, 1895, No. 5, p. 74.

THE USE OF ALCOHOL IN DIABETES.

DR. FELIX HIRSCHFELD concludes that in the amount of one or two ounces alcohol is completely oxidized in the organism of the diabetic. The amount of urine is not increased nor the absorption of aliment influenced. The albuminous metabolism, on the contrary, is markedly increased, and as a result the general nutrition is improved. Upon the tissue-changes peculiar to diabetes, the glycosuria, the acetonuria, and the lessened absorption, alcohol is without influence. The unfavorable action of alcohol in its possible injurious action upon the heart and bloodvessels is to be considered. Especially in an accompanying albuminuria is the danger of renal irritation present. The use of alcohol in severe cases of diabetes is necessary that we may avoid and limit the supervening failure of strength and development of tuberculosis from insufficient nutrition. In mild cases of glycosuria, only the property of alcohol as a *genussmittel* is to be considered, and then occasionally in moderate amount.—*Berliner klinische Wochenschrift*, 1895, No. 5, p. 95.

THE COMPARATIVE ACTIVITY OF DIGITALIN AND DIGITOXIN.

DR. E. BARDET, from a study of the French crystallized digitalin and the German digitoxin, has arrived at the following conclusions: 1. Crystallized digitalin, so-called chloroformic, is the only one of the products derived from digitalis which represents a really definite principle and one of constant action and well recognized from a therapeutic standpoint. 2. Digitoxin is not, as has been alleged, a principle identical with the crystallized or even the amorphous digitalin, but is a non-crystalline amorphous mixture of indefinite composition. Its activity is variable, and may be equal or even two or three times stronger than the crystallized digitalin. 3. The amorphous digitalin, so-called chloroformic, contains, as well as the digitoxin, a body, probably a glucoside, of considerable but of varying activity. 4. There is a great practical advantage in maintaining in the pharmacopœias only those definite bodies of constant activity: consequently the crystallized digitalin, so-called chloroformic, being the only definite active principle of digitalis, ought to be the only one prescribed. 5. The Therapeutic Society ought to see to it that the French Codex should suppress the amorphous digitalin and admit only the chloroformic crystallized digitalin.—*Les Nouveaux Remèdes*, 1895, No. 2, p. 27.

URÆMIC AND DROPSICAL COMA.

DR. BENJAMIN WARD RICHARDSON states that in the acute cases there can be no doubt as to the value of bloodletting from a vein; even a feeble pulse ought not to prohibit it. Judiciously applied it is free from danger; it does not lead to collapse or shock; relief from the symptoms is, as a rule, immediate. When there is dropsical exudation with deep coma, bleeding is still a sound and correct remedial measure, although never very hopeful. It seems to give relief, but nothing more. When there is extensive exudation, with a comatose tendency, owing to fluid-pressure, bleeding need not be contended for. Artificial removal of the fluid by tapping is here of the greatest service. Diuretics have been found to be capricious and doubtful as positive means. Diuretin in one case increased the flow of urine to one hundred and seventeen ounces in twenty-four hours, but it had to be stopped owing to its production of a rapid and feeble pulse with marked prostration. The fluid can be removed by aspiration from the thorax, by the trocar from the abdomen, by Southey's tubes from the lower limbs, the comatose tendency being always relieved by reduction of pressure. In deciding upon treatment, temperature plays an important part. If it be above normal, *cœteris paribus*, there is no need for a moment's hesitation about the performance of venesection; if it be normal, although some dropsy be present, there need be but little hesitation about bleeding; but if the temperature be below normal, with dropsy, then venesection could not be expected to render the least service, it might, indeed, be a dangerous process by inducing a superfluous flow of water into a blood already attenuated. The point of practice in such a case is to draw off the effused fluid upon the pressure from which the coma is dependent. —*The Asclepiad*, 1894, No. 42, p. 113.

THE TREATMENT OF DIPHTHERIA.

MR. LENNOX BROWNE, while not rash enough to dogmatize, where others have hardly dared to theorize, suggests that antitoxin acts by promoting a local capillary thrombosis at the site of the exudation, which at once leads to a shedding of the deposit, to destruction of the bacilli, and to a blocking of the channels against toxic absorption, the general system being at the same time improved by an increased metabolism of the toxic products, thereby